MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

62-003759 STATE FILE NUMBER

AMENDED

FILED FEB 7 1962 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1131

Field	Entry
1. PLACE OF DEATH a. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	St.Louis
Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Enroute City Hospital
Inside Limits	Yes X No ☐
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	Missouri
b. COUNTY	
c. CITY OR TOWN	St.Louis
Inside Limits	Yes X No ☐
d. STREET ADDRESS (If outside, give location)	201a So.Broadway
Reside on Farm	Yes ☐ No X
3. NAME OF DECEASED (Type or print) First / Middle / Last	William Frantz
4. DATE OF DEATH Month Day Year	January 18, 1962
5. SEX	Male
6. COLOR OR RACE	White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced	Divorced X
8. DATE OF BIRTH	8/31/1921
9. AGE (last birthday)	40
IF UNDER 1 YEAR Months Days / IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Laborer
10b. KIND OF BUSINESS OR INDUSTRY	Construction
11. BIRTHPLACE (City and state or country)	DesMoines,Iowa
12. CITIZEN OF WHAT COUNTRY	U.S.
13a. FATHER'S NAME	Frank Frantz
13b. MOTHER'S MAIDEN NAME	Anna Joyce
14. NAME OF HUSBAND OR WIFE	Unavailable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Unknown
16. SOCIAL SECURITY NO.	
17. INFORMANT Address	Joseph R.Hansman, DesMoines,Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemorrhage from a stab wound of the right lung; suffered when stabbed with knife in

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hands of one Wallace Baker, in room at 201

DUE TO (c) South Broadway, about 7:20 P.M., Jan 18th, 1962,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Assault Homicide 982X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

Field	Entry
19. WAS AUTOPSY PERFORMED?	YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE	HOMICIDE X
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. / Month, Day, Year	720 p.m. / 1-18-62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK	NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	Home
20f. CITY, TOWN, OR LOCATION / COUNTY / STATE	St. Louis, Mo

21. I attended the deceased from ______, to ______, and last saw her/him alive on ______. Death occurred at 750 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

Field	Entry
22a. SIGNATURE (Degree or title)	Joseph M[illegible] Deputy Coroner
22b. ADDRESS	1300 Clark
22c. DATE SIGNED	1-25-62
23a. BURIAL, CREMATION, REMOVAL (Specify)	Removal
23b. DATE	1-27-62
23c. NAME OF CEMETERY OR CREMATORY	Glendale Cemetery
23d. LOCATION (City, town, or county) (State)	DesMoines,Iowa.
24. FUNERAL DIRECTOR ADDRESS	Albert H.Hoppe,Inc.,4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.	JAN 25 1962
26. REGISTRAR'S SIGNATURE	[illegible] Smith M.D.

DATE AMENDED 5/72

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

MAR 12 1962

APR 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.